

## WAIVER OF CalWORKs LEARNING DISABILITIES SCREENING AND/OR EVALUATION

Read this form very carefully with your county worker. Be sure to ask questions about anything you do not understand. If you do not want to be screened or evaluated for learning disabilities at this time, you will be asked to sign this form and be given a copy to keep.

### Benefits of a Learning Disabilities Screening and Evaluation

It is very important to screen and evaluate you for possible learning disabilities. If we find you have a learning disability, we will be better able to help you decide what activity is best for you.

Getting a screening and evaluation for learning disabilities can help you find, keep, and advance in a job that is right for you. The screening and evaluation can also get you the kind of help and services you will need to meet the welfare-to-work rules. For example, you may be able to do fewer hours in a welfare-to-work activity because of your learning disability. Or, you may be excused from welfare-to-work rules if your condition is so severe that it keeps you from regularly working or participating in welfare-to-work activities.

### If You Do Not Want to Be Screened or Evaluated for Learning Disabilities at This Time:

1. You will not get any special treatment because of a learning disability until we know that you have one.
2. You will have to meet the welfare-to-work rules like any other person on CalWORKs who does not have a learning disability. If you do not meet the welfare-to-work rules, your cash aid and food stamps will be stopped or lowered. You can get them back again if you meet the rules or are excused from them.
3. You may change your mind and ask for a learning disabilities screening and evaluation at any time. And if you are later found to have a learning disability, the county:
  - Will get you the help and services you need starting from the date you sign a revised welfare-to-work plan prepared by you and your worker.
  - Will not add back time to your 18- or 24-month welfare-to-work time limit for months when you did not make satisfactory progress or benefit from your welfare-to-work activities because your learning disability was not identified or accommodated.

**I have read this form and had it read to me. I understand the information on this form. I do not want to be screened or evaluated for learning disabilities at this time.**

PRINTED NAME OF PARTICIPANT

SOCIAL SECURITY NUMBER

SIGNED NAME OF PARTICIPANT

DATE